## **CERTIFICATE OF SERVICE**

I, Gini L. Downing (	name), certify that service of this summons and a copy of
the complaint was made February 4, 2022	(date) by:
<ul> <li>Mail service: Regular, first class United States m Beiersdorf, Inc.</li> <li>P.O. Box 751807</li> <li>Charlotte, NC 28275-1807</li> </ul>	ail, postage fully pre-paid, addressed to:
<ul> <li>☑ Certified Mail Service: By sending the process by of the defendant at:</li> <li>Beiersdorf, Inc.</li> <li>Attn: Vincent Warnery, CEO</li> <li>Astrid Hermann, Finance/Legal</li> <li>45 Danbury Rd</li> <li>Wilton, CT 06897</li> </ul>	certified mail addressed to the following entities/officers/registered agents
Corporation Service Company, R/A for Beiersdorf, Inc. 251 Little Falls Drive Wilmington, DE 19808 I further certify that I am, and at all to of age and not a party to the matter concerns	times during the service of process was, not less than 18 years ing which service of process was made.
Under penalty of perjury, I declare that the foregoing is true and correct.	
Date <u>February 4, 2022</u> Signature	/s/ Gini L. Downing
Print Name:	Gini L. Downing Pachulski Stang Ziehl & Jones LLP 10100 Santa Monica Blvd. 13 <sup>th</sup> Floor
Business Address:	Los Angeles, CA 90067

## COMPLETE TH∤S S€CTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 122 or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 19 If YES, enter delivery address below: □ No Beiersdorf, Inc. Attn: Vincent Warnery, CEO Astrid Hermann, Finance/Legal Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature Registered Mail Restricted Delivery Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery 9590 9402 3367 7227 2946 19 □ Collect on Delivery ☐ Signature Confirmation\*\* ☐ Collect on Delivery Restricted Delivery ☐ Insured Mall 2. Article Number (Transfer from service label) ☐ Signature Confirmation Restricted Delivery Insured Mail Restricted Delivery (over \$500) 7017 2400 0000 3936 9672 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

